

***Exhibit B***

## Hepatitis B Rating Schedule

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**Hepatitis B  
Serum Hepatitis****HEPATITIS B****HEPATITIS B CARRIERS**

If infection known to have occurred before age 10	+ 100
Others	+ 50

**ACUTE HEPATITIS B**

Present (abnormal liver enzymes)	Postpone
Completely resolved (liver enzymes normal)	+ 0
Others (not completely resolved)	Refer to Med Dir

**CHRONIC HEPATITIS B****Liver biopsy performed:**

Normal (no inflammatory cells, no fibrosis)	Refer to Med Dir
<b>Minimal</b>	
Current age < 50	+ 75
Current age $\geq$ 50	+ 50
<b>Mild</b>	
Current age < 50	+ 150
Current age $\geq$ 50	+ 100
<b>Moderate or Severe</b>	Decline
Cirrhosis	Decline
ALT/AST > 100 or elevated bilirubin	Decline
If liver biopsy findings unclear	Refer to Med Dir

**Liver biopsy not performed:**

ALT/AST consistently normal	Rate as <u>Hepatitis B Carrier</u>
ALT/AST stable, usually $\leq$ 100	+ 150
ALT/AST unstable or > 100	Decline

**Treated with interferon or lamivudine:**

Successful treatment (HBV-DNA negative, HbeAg negative, AST/ALT normal):	
Off interferon < 1 year	Postpone
Off interferon $\geq$ 1 year	Refer to Med Dir
Unsuccessful treatment	Refer to Med Dir, use pre-treatment rating

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**Hepatitis B**

	<b>Acute Infection</b>	<b>Chronic Infection</b>	<b>Recovery</b>	<b>B Carrier</b>	<b>Immunized</b>
<b>HbsAg</b>	+	+	-	+	-
<b>Anti HBs</b>	-	-	+	-	+
<b>HbeAg</b>	+	+	-	-	-
<b>Anti HBc</b>	-	+/-	+	+	-
<b>HBV-DNA</b>	+	+	-	+/-	-

## Liver Biopsy - Histologic Activity Index

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**Liver Biopsy - Histologic Activity Index**

<b>HAI</b>	<b>Description</b>	<b>Old Terminology</b>
<b>1 - 2</b>	Minimal chronic hepatitis	Nonspecific reactive hepatitis Chronic lobular hepatitis (CLH) Chronic persistent hepatitis (CPH)
<b>3 - 5</b>	Mild chronic hepatitis	Severe CLH, CPH Mild chronic active hepatitis (CAH)
<b>6 - 11</b>	Moderate chronic hepatitis	Moderate CAH
<b>&gt; 11</b>	Severe chronic hepatitis	Severe CAH with bridging necrosis

**Components of Histologic Activity Index**

<b>Component</b>	<b>Range of Scores</b>
Periportal necrosis with/without bridging necrosis	0 - 10
Lobular degeneration and focal necrosis	0 - 4
Portal inflammation	0 - 4
Fibrosis	0 - 4

**Hepatitis B****Assessment****Treatment****Info****Rates****Also**

Serum hepatitis

**Overview**

Hepatitis B is caused by hepatitis B virus (HBV). It is very common in southeast Asia, where infection is often acquired during infancy. Hepatitis B can also progress to chronic hepatitis in 5-10% of adults and 80-90% of children. The disease usually is transmitted by

- An exchange of body fluids via transfusions
- Contaminated needles
- Sexual contact.

In order to accurately underwrite hepatitis B, it is important to identify whether the applicant has **ACUTE hepatitis B** ; **CHRONIC hepatitis B** ; or is a **hepatitis B CARRIER** .

## Hepatitis B Assessment

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### **Hepatitis B Assessment**

In order to accurately underwrite hepatitis B, it is important to identify whether the applicant has acute hepatitis B, chronic hepatitis B, or is a hepatitis B carrier. Acute hepatitis B is generally associated with symptoms and marked elevations of ALT/AST (usually > 300 U/L).

Chronic hepatitis B is characterized by mild to moderate elevations of ALT/AST persisting for 6 months or more. Hepatitis B carriers do not completely clear the virus but liver inflammation has subsided and ALT/AST levels are normal.

### **Acute Hepatitis B**

- Acute hepatitis B is generally associated with symptoms and marked elevations of ALT/AST (usually > 300 U/L).
- Acute hepatitis B can be a severe and occasionally life-threatening illness (fulminant hepatitis), especially when it occurs in conjunction with hepatitis D.

### **Chronic Hepatitis B**

- Chronic hepatitis B is characterized by mild to moderate elevations of ALT/AST persisting for 6 months or more.
- Chronic hepatitis B is associated with risk of cirrhosis and hepatocellular carcinoma.
- Some patients will be followed with serial liver ultrasounds and/or serum alpha-fetoprotein levels to look for evidence of hepatocellular carcinoma.



### **Hepatitis B Carrier**

- Hepatitis B carriers do not completely clear the virus but liver inflammation has subsided and ALT/AST levels are normal.
- Hepatitis B carrier state is associated with increased risk of hepatocellular carcinoma.
- Some patients will be followed with serial liver ultrasounds and/or serum alpha-fetoprotein levels to look for evidence of hepatocellular carcinoma.

## Hepatitis B Treatment

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### **Hepatitis B Treatment**

Treatment options include interferon and more recently lamivudine. While there may be a favorable response to these therapies, there is substantial risk of recurrent hepatitis B especially in the first year after treatment is completed.